approved for use through 1/31/2006, OMB 0661-0032 U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Pieperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Glocket Humbs Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY **QR** SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (1) RATE (\$1 FEE (1) BASIC FEE NA NIA 12 CFR 1 18(4) 101 0 (C) HVA 150.00 N/A 300.00 SEARCH PEE NA NIA 17 CFR 1 16(1). (4. or (m)) NA \$250 N/A \$500 **EXAMINATION FEE** NA NIĀ (0) CFR-1 16(0). (p). or (q)) N/A \$100 NA \$200 TOTAL CLAHAS . 07.0FR 146(4) X\$ 25 minus 20 = X\$50 **OR** NDEPENDENT CLAIMS X100 (37 CFR 1 16(h)) minus 3 = X200 If the specification and drawings exceed 100 sheels of paper, the application size fee due **APPLIC**ATION SIZE FEE (1) CFR 1 16(6)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1,16(s). MULTIPLE DEPENDENT CLAIM PRESENT (07 CFR 1 16/11 +180= +360+ If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3); SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST DO REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (S) ADOI: AFTER PREVIOUSLY EXTRA TIONAL TIONAL **AMENDMENT** PAID FOR FEE (\$) FEE of Total CHAIL Minus X\$ 25 X\$50 OR Minus X100 X200 OR Application Size Fee (37 CFR 1.16(5)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.160) **4180**= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT 8 NUMBER RATE (1) ÀDDI-RATE (\$) ADOI-TIONAL FEE (5) AFTER. EXTRA PREVIOUSLY TIONAL AMENDMENT PAID FOR FEE (\$) Total Minus . X\$ 25 X\$50 OR Andependent (37 CFR 1.14N)) Minus • X100 X200 OR Application Size Fee (37 CFR 1,16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CER 1.160) +180= +360± OR TOTAL TOTAL OR ADD'L FEE add'l Ìee If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the Thighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". \*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 37. The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1

a collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentially is governed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. beding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460,